

Name:

Date:

General Nursing Experience (Registered and Licensed Practical Nurse)

(✓ check as appropriate - **A = THEORY, NO PRACTICE, B = ONE-TWO YEARS EXPERIENCE**
C = TWO PLUS YEARS EXPERIENCE)

	A	B	C	Comments
Adult ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Burn Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CVICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L&D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level II Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Med/Surg (Medical/Surgical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neuro ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OB/GYN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psych Peds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psych	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telemetry Med	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thoracic/Open Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Age Specific Experience (✓ check as appropriate)

A= Newborn (birth - 30 days)	D= Preschooler (3-5 years)	G=Young Adults (18-39 years)
B= Infant (30 days - 1 year)	E= School Age Children (5-12 years)	H=Middle Adults (39-64 years)
C = Toddler (1 - 3 years)	F=Adolescents (12 - 18 years)	I=Older Adults (64+)

	A	B	C	D	E	F	G	H	I
Able to communicate and instruct patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to evaluate age-appropriate behavior and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	A	B	C	Comments
Closed Warmers (isolettes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Open Radiant Warmers (overhead)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incubators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transcutaneous Monitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
End-tidal CO ₂ Monitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulse Oximetry (°2 Sat monitors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Defibrillators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circo-electric Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stryker Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoyer Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EKG Monitors (Please list brand name(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilators (Please list brand name (s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tracheostomies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trach Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tracheal suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endotracheal Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assist with insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endotracheal Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manual Ventilating Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen Delivery Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Simple Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Partial Rebreather Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	A	B	C	Comments
Nonbreather Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Venturi Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nasal Cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen tents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxyhoods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deep Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nasal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pleu-evac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arterial Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assist with insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Draws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BP/MAP Readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CVP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assist with Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Draws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Invasive ICP monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intraventricular cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subarachnoid bolt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Epidural Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Glasgow Coma Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Posey Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Posey Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV Rider/Piggyback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV Push	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV Retrograde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IM/SQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Z-track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral/NG/g-tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Peripheral IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heplocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hickmans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administration of Blood/Blood Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administration of Chemotherapeutic Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obtaining Blood Samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Venous Sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arterial Sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Butterfly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intracath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swan-Ganz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assist with Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Draws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intra Aortic Balloon Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pacemakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inotropic/Chronotropic Drips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Titration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foley Catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peritoneal Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CAPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hemodialysis (care of pt. on)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ultra filtration (SCUF/AMIKON Filter)				
Assessment of line patency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACT draws/result assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neso-gastric Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feedings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G-tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	A	B	C	Comments
Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Feedings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jejunostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sengstaken-Blackmoer Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Colostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gomcos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recognition of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gallup Rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
S3-S4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Initiation of CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Please list additional area(s) of expertise				_____
<hr/>				
<hr/>				